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Prostate cancer:Screening, Current Guidelines and Patient Education

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Prostate cancer: Screening, Current Guidelines and Patient Education

TIM FLANAGAN AND RICHARD MENDEZ

UVMMC – MILTON & SOUTH BURLINGTON

DR. __ __, PRECEPTOR, SOUTH BURLINGTON FAMILY PRACTICE

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Changing Guidelines Worry Patients

- In May 2012 USPSTF recommended against PSA-based screen for prostate cancer (Grade: D)
- To many patients these guideline may be confusing given that according to the CDC, prostate cancer is the most common cancer among men in the United States (101.6 per 100,000)
- Furthermore, patients who were exposed to previous guidelines may experience concern over new guidelines lack of screening
- What can be done?
 - Patient centered education regarding current guidelines may help alleviate stress and strengthen patient-provider relationship

Public Health Costs


- The 2010 medical cost associated with prostate cancer were \$12 billion
 - No information was available for costs by geographic area in the United States
 - On a per capita basis, given that Vermont represents 0.2% of the US population, Vermont's medical costs associated with prostate cancer would be \$24 million
- Out of context these large dollar values may increase awareness and worry within the patient population
- Unnecessary testing increases healthcare costs and potentially causes unnecessary worry in patients
- Many men will have prostate cancer when they pass away, but it will not always be the main factor in their death, which is an important but difficult point to convey to non-medical professionals

Community Perspective

Need and link to greater Burlington community:

- Dr. _____, UVMMC Associate Professor of Surgery, Division of Urology gave a September 6, 2016 community medical school address on prostate cancer to highlight the need for patient education
- Dr. _____ of UVMMC's South Burlington FP office reiterated the need for education in his interview

Perspective on intervention from a current resident: Dr. Jessica Faraci, UVMMC Family Medicine Resident PGY-2

- Dr. Faraci created dot phrase for exercise options in the Milton area and disseminated to residents, a similar project with a goal of patient education, it was well received by residents
 - Dr. Faraci did not study effectiveness of education materials due to the extensive IRB requirements it would entail
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Proposed Intervention

- Patient-centered education:
 - Provide patients with an understandable summary of current guidelines and recommendations
 - Summary should emphasize simplicity and clarity while acknowledging recent changes in guidelines
 - The summary will then be developed into dot-phrase for providers so that they can easily provide information to patients in an accessible format, with a consistent message

Result/Response

- The ultimate result is a summary that can be turned into a dot-phrase that physicians can use so that their patients can develop a better understanding of PSA screening
- Individual practice managers have the ability to add the dot-phrase to their practices available phrases
 - Dr. Faraci indicated this is a UVMMC/PRISM best-practices method to prevent overloading every users system with dot-phrases that may not be relevant to their practice

Evaluation of effectiveness and limitations

- The effectiveness of the patient information summary is a mix of utility to providers and utility to patients
- Patients benefit from digested and succinct information that they can take home and read again later, as opposed to having to remember a physician's spoken explanation
- There is a time savings for providers when their patients have good information available to read, digest and discuss
- Physicians are able to begin a circular discussion with their patients that promotes conversation in the event the patient has concerns following their reading of the hand-out
- Part of the dot phrase / patient hand-out will include links to respected resources that provide more in depth discussion of topics
- The idea of a prostate cancer screening handout itself was well received when mentioned to faculty and residents
- Per the interview with Dr. Faraci, it may be important to remind residents of useful dot-phrases, as she believes that it is unlikely many remember the available dot-phrase on Milton based exercise locations
- Finding an appropriate level of detail is challenging in a patient population with varying levels of education

Recommendations for Future Interventions

- Richard Mendez has already been approached about making this prostate cancer screening education information into a UVMHC Blog-post to increase the audience for dissemination
- Given that the goal was to increase patient understanding of guidelines, future projects should assess efficacy of providing information to patients in their after visit summary handouts
- Evaluation of the efficacy of the educational packet may rely on asking pre and post questions of the patients who received the information in order to qualify their understanding of guidelines related to specific areas such as:
 - Reason for guidelines
 - Understanding individual risk
 - Understanding prevention

References

UVMCC Community Medical School Presentation: **September 6 - Prostate Cancer: Innovations & Strategies for Reducing Mental and Physical Impact. Dr. Scott Perrapato**

CDC – Cancer Statistics. Centers for Disease Control. 9/7/2016.
<http://www.cdc.gov/cancer/dcpc/data/men.htm>

Cancer costs projected to reach at least \$158 billion in 2020. NIH: National Cancer Institute. 9/7/2016. <http://www.cancer.gov/news-events/press-releases/2011/costcancer2020>

Prostate Cancer: Screening. U.S. Preventive Services Task Force. 9/7/2016. <https://www.uspreventiveservicestaskforce.org/Page/Document/UpdateSummaryFinal/prostate-cancer-screening>

Interview consent form


INTERVIEW CONSENT FORM
Prostate cancer: Screening and current guidelines
Tim Flanagan and Richard Mendez
9/26/2016

Thank you for agreeing to be interviewed. This project is a requirement for the Family Medicine clerkship. It will be stored on the Dana Library [ScholarWorks](#) website. Your name will be attached to your interview and you may be cited directly or indirectly in subsequent unpublished or published work.

The interviewer affirms that he/she has explained the nature and purpose of this project.

The interviewee affirms that he/she has consented to this interview.

Yes ✓

Name: Jessica Faraci 9/29/16 

Name: _____

If not consenting as above: please add the interviewee names here for the Department of Family Medicine information only.

Name: _____

Name: _____

Name: _____

If you received informed consent, please upload this page as a separate document entitled: "Name of Project/Interview Consent Form".

If an informed consent was not received, please do not upload this page to [ScholarWorks](#). However, you should include this consent page when submitting your PowerPoint to the Family Medicine Department.